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<b>Attention:</b>	Group Art Unit: 1745	<b>From:</b>	Travis Dodd
<b>Fax:</b>	571-273-8300	<b>Fax:</b>	818-833-2065
<b>Phone:</b>		<b>Phone:</b>	818-833-2014
<b>Company:</b>	U.S. Patent and Trademark Office	<b>Company:</b>	Quallion LLC
		<b>Pages:</b>	Total of (19) Pages
<b>Re:</b>	Application Serial No.: 10/666,379 Title: ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE Filed: September 17, 2003 Examiner: Thomas Parsons Group Art Unit: 1745 Attorney Docket No.: Q137-US10	<b>Date:</b>	December 10, 2007

Urgent  For Review  Please Comment  Please Reply  Please Recycle

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I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on December 10, 2007:

Amendment Transmittal Letter (2 page)  
Fee Transmittal (in duplicate) (2 pages)  
Amendment (10 pages)  
Information Disclosure Statement (in duplicate) and PTO Form 1449 (3 pages)  
Form PTO-2038 Credit Card Authorization (1 page)

Lisa K. Robbins  
(Name of Person Signing Certificate)

A handwritten signature in black ink, appearing to read "Lisa K. Robbins".

(Signature)

**Quallion LLC**

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/19 \* RCVD AT 12/10/2007 4:28:22 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/20 \* DNIS:2738300 \* CSID:8188332065 \* DURATION (mm:ss):05-00

DEC 10 2007

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/666,379
		Filing Date	September 17, 2003
		First Named Inventor	Hiashi Tsukamoto et al.
		Group Art Unit	1745
		Examiner Name	Thomas Parsons
Total Number of Pages in This Submission		Attorney Docket Number	
		Q137-US10	

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Authorized  <input checked="" type="checkbox"/> Amendment  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.62 or 1.53	Assignment Papers (for an Application)	After Allowance Communication to Group	
	Drawing(s)	Appeal Communication to Board of Appeals and Interferences	
	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	Petition to Convert to a Provisional Application	Proprietary Information	
	Power of Attorney, Revocation Change of Correspondence Address	Status Letter	
	Terminal Disclaimer	Other Enclosure(s) (please identify below):	
	Request for Refund		
	CD, Number of CD(s) _____		
Remarks			
Customer Number or Bar Code Label			
31815 (Insert Customer No. or Attach bar code label here)			

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Respectfully submitted,

Dated: 12/10/2007

Phone: (818) 833-2003  
Fax: (818) 833-2065

By:   
 Travis Dodd  
 Attorneys for Applicant(s)  
 P.O. Box 923127  
 Sylmar, CA 91392-3127

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Signature		Date

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/666,379
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31815 <i>(Insert Customer No. or Attach bar code label here)</i>		

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Dated: 12/10/2007

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By:   
Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91382-3127

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Typed or printed name	TRAVIS DODD		
Signature		Date	

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## FEE TRANSMITTAL

Attorney Docket No.	Q137-US10
First Named Inventor:	Tsukamoto, Hisashi et al.
Application Number	10/666,379
Filing Date:	September 17, 2003
Examiner Name:	1745
Group/Art Unit:	Thomas Parsons

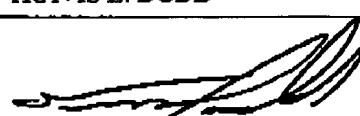
<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 255.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  2. <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

## 2. UTILITY Basic Filing Fee &amp; Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	29 - 26 =	3	X \$50.00	X \$25.00	\$75.00
Independent Claims	1 - 3 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
<b>Total of above Calculations =</b>					<b>\$75.00</b>
<b>Basic Filing Fee</b>	<b>Large Entity</b>	<b>Small Entity</b>	<b>Total</b>		
Design filing fee	\$210.00	\$105.00	\$0.00		
Reissue filing fee	\$310.00	\$155.00	\$0.00		
Provisional filing fee	\$210.00	\$105.00	\$0.00		
<b>Total of above Calculations =</b>					<b>\$0.00</b>

## 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$180.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	12/10/2007

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<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

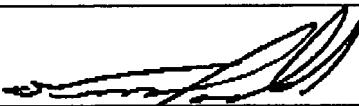
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Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$180.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	12/10/2007